

City of Las Vegas Environmental Division

WASTEWATER PROFILE FOR NONRESIDENTIAL ESTABLISHMENTS APPLICATION FOR CLASS II WASTEWATER CONTRIBUTION PERMIT

OFFICIAL USE ONLY

Date: _____ ☐ PNR
Permit #: _____ ☐ PI

1. Company Name: _____
Street Address: _____ Zip Code: _____
Telephone Number: (____) _____
2. Mailing Address: _____
City: _____ State: _____ Zip Code: _____
3. Person and alternate person authorized to represent this company:
Name: Mr. / Ms. _____ Title: _____ Phone #: (____) _____
Name: Mr. / Ms. _____ Title: _____ Phone #: (____) _____
4. Does this company have an existing Wastewater Contribution Permit? YES ☐ NO ☐
If yes, permit number: _____
5. Does this company have an existing City of Las Vegas business license? YES ☐ NO ☐
If yes, license number(s): _____
6. Describe the type of work this company does: _____

7. Does this company discharge anything into the sewer that is not restroom related? YES ☐ NO ☐
If yes, please describe the discharge: _____

8. If question 7 was answered "yes", is any form of treatment used to remove pollutants? YES ☐ NO ☐
If yes, please describe the treatment device:
(e.g. silver recovery, sand/oil interceptor, grease trap, perc separator, etc.) _____

9. Does this company have any liquids or chemicals on-site? YES ☐ NO ☐
If yes, please describe: _____

10. If question 9 was answered "yes", where would an accidental spill discharge to? (check all that apply)

<input type="checkbox"/> City sewer system (e.g. floor drain)	<input type="checkbox"/> To floor or ground
<input type="checkbox"/> Parking lot, street gutter or storm drain	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> An on-site disposal system	<input type="checkbox"/> Not applicable, no possible discharge to any of the above routes

→ → Please complete other side → →

AMENDED 3/23/96

11. Does this company conduct any manufacturing or production activities? YES ☐ NO ☐

If yes, please describe: _____

12. Does this company generate any waste liquids or sludges? YES ☐ NO ☐

If yes, please describe below:

Type of Waste	Estimated Quantity (per month)	Disposal Method	Waste Hauler & Address (If applicable)

13. Estimated daily water use: None ☐ Less than 10,000 gallons ☐ More than 10,000 gallons ☐

14. Place a check beside any item that applies to this company. Check all that apply. If none, check here ☐

AUTOMOTIVE

- ☐ Store waste oils, antifreeze or solvents
- ☐ Sand & oil interceptor
- ☐ Conduct oil changes
- ☐ Repair or flush radiators
- ☐ Change transmission fluid
- ☐ Change brake fluid
- ☐ Internal engine repair
- ☐ Steam clean engines
- ☐ On-site parts degreaser
- ☐ Paint vehicles
- ☐ Wash vehicles

CAR WASH

- ☐ Self-service
- ☐ Full-service
- ☐ Auto detailing (non-mobile)
- ☐ Sand & oil interceptor

PEST CONTROL

- ☐ Store pesticide
- ☐ Over the counter sales

GROCERY / MARKET

- ☐ On-site butcher shop
- ☐ On-site bakery
- ☐ Produce washing
- ☐ Food preparation
- ☐ Grease trap
- ☐ On-site photoprocessing

PRINTER / NEWSPAPER

- ☐ Conduct offset printing
- ☐ Conduct silk-screening
- ☐ Generate photographic waste
- ☐ Develop paper or metal plates
- ☐ Conduct solvent / ink recycling

LAUNDRY / DRY CLEANER

- ☐ Self-service laundromat
- ☐ Full-service laundromat
- ☐ Sand & oil interceptor
- ☐ On-site dry cleaning
- ☐ Steam pressing
- ☐ Cooling tower
- ☐ Boiler blowdown

HOTEL / CASINO

- ☐ Greater than 300 rooms
- ☐ Restaurant
- ☐ Grease trap
- ☐ On-site laundry
- ☐ On-site photoprocessing
- ☐ On-site print shop
- ☐ On-site parts degreaser
- ☐ On-site car washing
- ☐ Engineering shop
- ☐ Cooling tower
- ☐ Boiler blowdown
- ☐ Swimming pool

MEDICAL / DENTAL

- ☐ On-site x-ray processing
- ☐ On-site lab
- ☐ Nuclear medicine

MORTUARY

- ☐ Embalm
- ☐ Cremate
- ☐ Perform autopsies

MACHINE SHOP

- ☐ Use cutting oil
- ☐ Use self-contained coolant
- ☐ Use cooling water
- ☐ Sand & oil interceptor
- ☐ On-site parts degreaser

PHOTOPROCESSING

- ☐ Develop / process proofs
- ☐ Develop / process film or prints
- ☐ Develop / process microfilm
- ☐ Self-contained mini-lab
- ☐ Custom lab

RESTAURANT / CAFETERIA

- ☐ Grease trap
- ☐ On-site cooking
- ☐ Non-disposable table service

WATER TREATMENT

- ☐ On-site water treatment
- ☐ On-site regeneration of water softening equipment

ATTACH ADDITIONAL SHEETS IF NECESSARY

Should a Wastewater Contribution Permit be required for your facility, the information in this profile will be used to issue the permit. This is to be signed by a responsible corporate officer of your firm after adequate completion of this form and review of the information by the signing official.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Date

Signature of Officer (Seal if applicable)